

PROJECT 10073 RECORD

1. DATE - TIME GROUP 6 Mar 68 07/0230Z	2. LOCATION Pleasant Valley, Ohio (1 Witness)
3. SOURCE Civilian	10. CONCLUSION Probable (AIRCRAFT)
4. NUMBER OF OBJECTS One	The observer was requested to complete a form 117 but failed to return it as of 17 Apr 68. There are numerous aircraft in the Dayton area that have landing light on and are arriving or departing W-P AFB. It is quite possible that the observer sighted one of these planes.
5. LENGTH OF OBSERVATION 4 to 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS
6. TYPE OF OBSERVATION Ground-Visual	The observer sighted a brilliant white light that was pink at two extremes.
7. COURSE West to East	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



6 March

REPLY TO
ATTN OF:

TDPT/UFO

MAR 13 1968

SUBJECT:


UFO Observation , 6 March 1968

TO:

[REDACTED]

Dayton, Ohio 45404

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

Duty Officer Report

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will *not* be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

<p>1. When did you see the object?</p> <p style="text-align: center;"> <u>6</u> <u>MAR</u> <u>68</u> Day Month Year </p>	<p>2. Time of day: <u>21</u> <u>30</u> Hour Minutes</p> <p>(Circle One): A.M. or <u>P.M.</u></p>
<p>3. Time Zone:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(Circle One): <input checked="" type="checkbox"/> a. Eastern <input type="checkbox"/> b. Central <input type="checkbox"/> c. Mountain <input type="checkbox"/> d. Pacific <input type="checkbox"/> e. Other _____</p> </div> <div style="width: 45%;"> <p>(Circle One): <input type="checkbox"/> a. Daylight Saving <input checked="" type="checkbox"/> b. Standard</p> </div> </div>	
<p>4. Where were you when you saw the object?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; text-align: center;"> <p><u>[REDACTED]</u> Nearest Postal Address</p> </div> <div style="width: 30%; text-align: center;"> <p><u>PLEASANT VALLEY</u> City or Town</p> </div> <div style="width: 30%; text-align: center;"> <p><u>OHIO</u> State or County</p> </div> </div>	
<p>5. How long was object in sight? (Total Duration)</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>Hours</p> </div> <div style="text-align: center;"> <p><u>4-5</u> Minutes</p> </div> <div style="text-align: center;"> <p>Seconds</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>a. Certain <input checked="" type="checkbox"/> b. Fairly certain</p> </div> <div style="width: 45%;"> <p>c. Not very sure d. Just a guess</p> </div> </div> <p>5.1 How was time in sight determined? <u>ESTIMATION</u></p> <p>5.2 Was object in sight continuously? Yes <u>X</u> No _____</p>	
<p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;">DAY</p> <p>a. Bright <input type="checkbox"/> b. Cloudy</p> </div> <div style="width: 45%;"> <p style="text-align: center;">NIGHT</p> <p><input checked="" type="checkbox"/> a. Bright <input type="checkbox"/> b. Cloudy</p> </div> </div>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>(Circle One): <input type="checkbox"/> a. In front of you <input type="checkbox"/> b. In back of you <input type="checkbox"/> c. To your right</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> d. To your left <input type="checkbox"/> e. Overhead <input type="checkbox"/> f. Don't remember</p> </div> </div>	

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- ☒ b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- ☒ b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

FIRE CRACKER AT NIGHT
WORKS

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|---|--|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| c. Break up into parts or explode? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| d. Give off smoke? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| e. Change brightness? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| f. Change shape? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| g. Flash or flicker? | Yes | <input checked="" type="checkbox"/> No | Don't know |
| h. Disappear and reappear? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

YES

Just lost out of sight

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

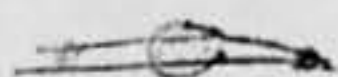
(Circle One): Yes ☐ No ☒ Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound COULDN'T HEAR IT - TOO FAR AWAY

b. Color BRILLIANT - WHITE & TWO EXTREMES - PINK

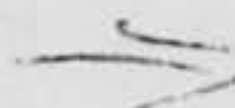
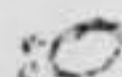
18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?



TWICE AS MUCH

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) ☒ Yes ☐ No

IF you answered YES, then what speed would you estimate? SLOWER THAN PLANE

21. Do you think you can estimate how far away from you the object was?

(Circle One) ☐ Yes ☒ No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- ☒ b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- ☒ d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) ☐ Yes ☒ No

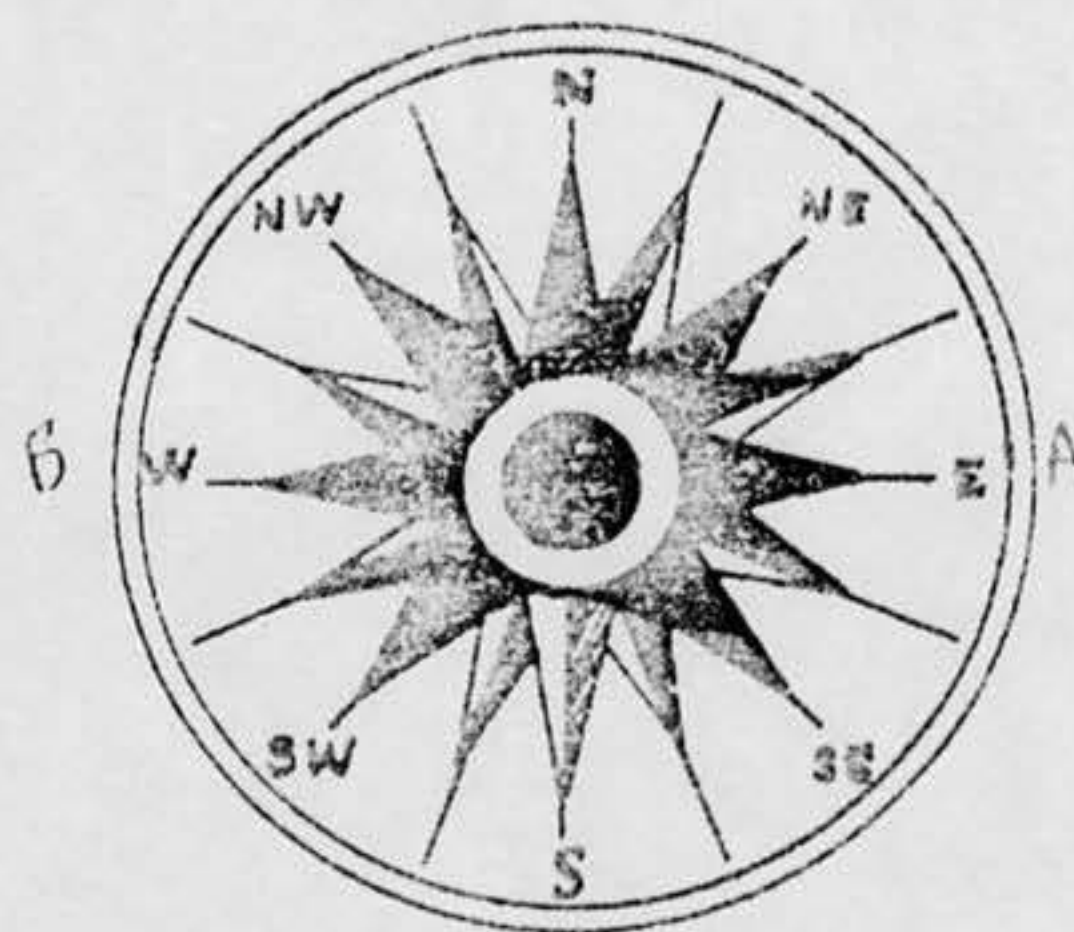
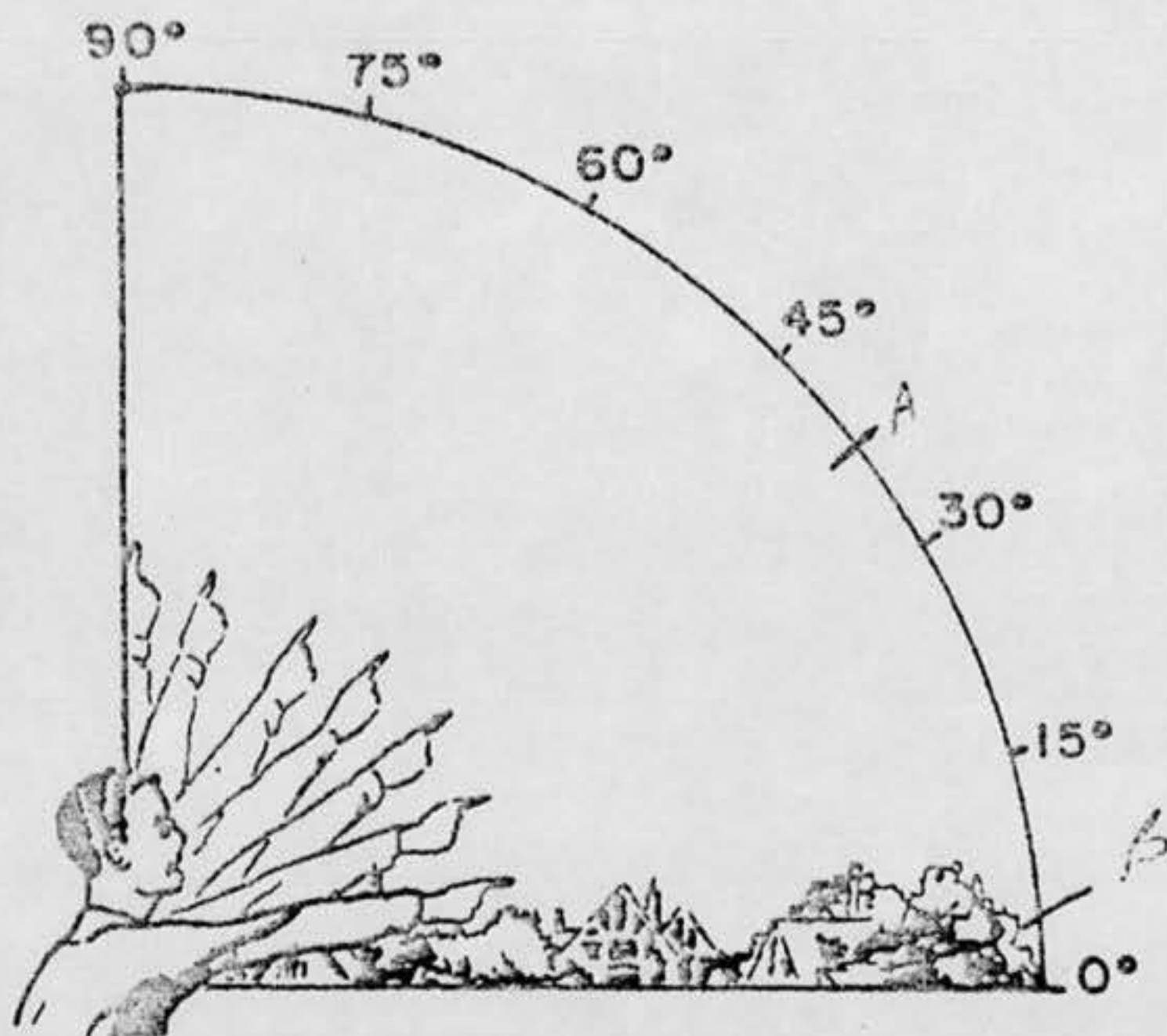
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

NOTHING LIKE IT BEFORE

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

20

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME _____
Last Name First Name Middle Name

ADDRESS [REDACTED] Dayton OH
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 17 SEX F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

Have seen another object in N. Amer.
Summer 2 yrs ago - early night
Bright - changed shape - would come
I stay on for some time saw some & captured
again - like gigantic light bulb. Would
come up close & land & fly. Hope were
frightened by it.

copy. Have seen it. [redacted] - 20 mi. south

33. When and to whom did you report that you had seen the object?

Day Month Year

34. Date you completed this questionnaire:

6

Day

11

Month

68

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.